PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction	on Act of 1995	no persons are require	d to res	U.S. Patent spond to a collection	and frader of informa	mark Office ition unless	t displays	ARTMENT OF COMMERCE a valid OMB control number
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber 10	10/585,411 Conf. No.: 2743		
FEE TRANSMITTAL For FY 2009				Filing Date	Ju	July 07, 2006		
				First Named Inv	entor Se	Seung-Kyoon NOH		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	K.	K. MCCLELLAND		
				Art Unit	17	1745		
TOTAL AMOUNT OF PAYMENT (\$) 585.00				Attorney Docket	No. 35	3566-0113PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMIN. Small Entity Small Entity							FEES	
Application Type	Fee (\$)	Fee (\$) Fe	ee (\$)	Fee (\$)	Fee (\$) Fee (Fees Paid (\$)
Utility	330	165 5	540	270	220	110		-
Design	220	110 1	100	50	140	70		
Plant	220		330	165	170	85		
Reissue	330	165 5	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description							e (\$)	mall Entity Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							20	110
Multiple dependent claims							90	195
Total Claims						Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total of	claims paid for,	if greater than 20.		.00		re	e (\$)	ree Paid (\$)
	Extra Claims 0			Paid (\$)				
-3 or HP = 0 x = 0.00 HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$) = 100 = 0 /50 = 0 (round up to a whole number) x = 0.00								
(CTUED CEECO)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Two month Extension of Time/Request for Continued Exam (RCE) 585.00								
SUBMITTED BY / C 2 2 /								
Signature (Mann	10	10.11	R	egistration No. 39	9538	T	elephone	703-205-8000
Name (Print/Type) James T. Eller, Jr.								DEC 0 6 2010
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